



TACHYCARDIAS - ADULT

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Signs and symptoms of poor perfusion.
- Heart rate greater than 150 beats per minute (bpm).

II. BLS INTERVENTIONS

- Recognition of heart rate greater than 150 bpm.
- Reduce anxiety; allow patient to assume position of comfort.
- Administer oxygen as clinically indicated.
- Consider transport to closest hospital or ALS intercept.

III. LIMITED ALS (LALS) INTERVENTIONS

- Recognition of heart rate greater than 150 bpm.
- Place AED pads on patient as a precaution in the event patient has sudden cardiac arrest.
- Initiate an IV with normal saline and administer 300 cc bolus to patient exhibiting inadequate tissue perfusion.
- Obtain blood glucose. If indicated administer:
 - Dextrose per ICEMA Reference #7040 - Medication - Standard Orders,
or
 - Glucagon per ICEMA Reference #7040 - Medication - Standard Orders.
 - May repeat blood glucose. Repeat Dextrose per ICEMA Reference #7040 - Medication - Standard Orders if indicated.

IV. ALS INTERVENTIONS

Determine cardiac rhythm, obtain a 12-lead ECG to better define rhythm if patient condition allows, establish vascular access and proceed to appropriate intervention(s).

Narrow Complex Supraventricular Tachycardia (SVT)

- Initiate NS bolus of 300 ml IV.
- Valsalva/vagal maneuvers.
- Adenosine per ICEMA Reference #7040 - Medication - Standard Orders.
- If adenosine is ineffective, consider Verapamil per ICEMA Reference #7040 - Medication - Standard Orders.
- Consider Procainamide per ICEMA Reference #7040 - Medication - Standard Orders for suspected Wolf-Parkinsons White.
- Synchronized cardioversion, refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Contact base hospital.

V-Tach or Wide Complex Tachycardias (Intermittent or Sustained)

- Consider Adenosine, per ICEMA Reference #7040 - Medication - Standard Orders, if the rate is regular and the QRS is monomorphic. Adenosine is contraindicated for unstable rhythms or if the rhythm is an irregular or polymorphic wide complex tachycardia.
- Procainamide per ICEMA Reference #7040 - Medication - Standard Orders.
- If Procainamide administration is contraindicated or fails to convert the rhythm, consider Lidocaine per ICEMA Reference #7040 - Medication - Standard Orders.
- Polymorphic VT should receive immediate unsynchronized cardioversion (defibrillation). Consider infusing Magnesium per ICEMA Reference #7040 - Medication - Standard Orders.
- Precordial thump for witnessed spontaneous VT, if defibrillator is not immediately available for use.
- Synchronized cardioversion, refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Contact base hospital.

Atrial Fib/Flutter

- Transport to appropriate facility.
- For patients who are hemodynamically unstable, proceed to synchronized cardioversion, refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Contact base hospital.

V. REFERENCES

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders
10190	ICEMA Approved Skills